

<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>2</b>			
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.											
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>											
1. CONTRACT/PURCH ORDER NO. <b>SP0700-00-D-0007</b>			2. DELIVERY ORDER NO. <b>9886</b>		3. DATE OF ORDER (YYMMDD) <b>2004 SEP 23</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04267000449</b>		5. PRIORITY		
6. ISSUED BY <b>DEFENSE SUPPLY CENTER COLUMBUS</b> <b>P.O. Box 3990</b> <b>Columbus, OH 43218-3990</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>SC0700 DEFENSE SUPPLY CNTR COLUMBUS</b> <b>ATTN DSCC-PLS</b> <b>PO BOX 3990 (TRANS 1-800-456-5507)</b> <b>COLUMBUS, OH 43218-3990</b>			CODE <b>SP0700</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR <b>HONEYWELL INTERNATIONAL INC</b> <b>DBA AEROSPACE SERVICES</b> <b>1944 E SKY HARBOR CIR NW</b> <b>PHOENIX AZ 85035-3442</b>			CODE <b>7X000</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS							12. DISCOUNT TERMS <b>I/A/W/ BASIC CONTRACT</b>		13. MAIL INVOICES TO <b>SEE BLOCK 15</b>		
14. SHIP TO <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE</b> <b>SEE FOLLOWING PAGE</b> <b>SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>			CODE		15. PAYMENT WILL BE MADE BY <b>DFAS COLUMBUS CENTER</b> <b>DFAS CO BVPDCC/CC CONSTRUCTION</b> <b>3990 E BROAD ST PO BOX 182317</b> <b>FAS CUSTOMER SERVICE 1-800-756-4571</b> <b>COLUMBUS, OH 43218-3990</b>			CODE <b>S33181</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. PURCHASE <input type="checkbox"/> Reference your _____ and furnish the following on terms specified herein. <b>ACCEPTANCE.</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 5CC0 001 26.0 S33150</b>											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
		<b>Remarks:</b>  <b>Terms and conditions are in accordance with Basic Contract.</b>  <b>Vendor's copy was sent EDI.</b> <b>Do not duplicate shipment.</b>									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA			25. TOTAL <b>\$ 480.65</b>		
BY: <b>POPS Auto Award</b>						CONTRACTING/ORDERING OFFICER			29. DIFFERENCE		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED						27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____										34. CHECK NUMBER	
										35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

## CONTINUATION SHEET

Order Number:

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## SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LPL

Required Delivery Date 268

000000000 Post Award Administrator NONE AVAILABLE

P/N 195805 Manufacturer's CAGE - 06848

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7101	PR YPC04267000449	5	EA	96.13	480.65
	NSN 3010-00-293-4592				

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: DEST

ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION

BY: 2004 OCT 08

RDD 268 SHIP BY FASTEST TRACEABLE MEANS

PARCEL POST ADDRESS:

FREIGHT ADDRESS:

EZ1356

EG G KELLY DIST CNTR EZ1356

BLDG 1538 DR 19 PHN 210 928 5046

333 MORIS WHITT ST

SAN ANTONIO, TX 78226-1878

M/F: (TCN) EZ13564265CKPE

RDD: 268 PROJ: KAC

PRIORITY: 02

END OF AWARD